

ADDICTION:

CLAIMS/RESPONSES

CLAIM: Because of addiction to nicotine, smokers do not have voluntary control over their smoking.

RESPONSE:

- This claim is based on pharmacological reports. This literature, however, cannot explain smoking behavior, because it has an extremely narrow focus on a single constituent of cigarettes, namely nicotine. It does not fully consider the many complex and personal motivations for smoking.
- Cigarette smokers are always able to make rational choices about their lives in general and about whether to smoke in particular. A staff member of the United Kingdom's Office on Population Censuses and Surveys described decisions about whether to smoke as reflecting "a rational and reasoned choice that smokers make and periodically renew."¹ In contrast to cigarette smokers, drug addicts are unable to think rationally because of intoxication or withdrawal.

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- Medical and psychiatric organizations recognize that the meaning of volition or voluntariness is unclear and cannot be explained in medical or scientific terms.²

REFERENCES

1. Marsh, A., "Smoking: Habit or Choice?" Population Trends 37: 14-20 (at 18), 1984.
2. Board of Trustees, Committee on Medicolegal Problems, American Medical Association, "Insanity Defense in Criminal Trials and Limitation of Psychiatric Testimony," Journal of the American Medical Association 251(22): 2967-2981, 1984.

Insanity Defense Work Group, "American Psychiatric Association Statement on the Insanity Defense," American Journal of Psychiatry 140(6): 681-690, 1983.

CLAIM: Cigarette smoking is addictive.

RESPONSE:

- The scientific definition of addiction generally includes objective physiological effects of drugs -- namely intoxication, physical dependence, withdrawal and tolerance. These effects are seen in heroin and cocaine addicts but not in cigarette smokers.
- Some recent definitions of addiction are so broad that they can apply to almost any strong habit. Watching television, exercising, and even shopping and playing video games have been called addictions. Broad definitions of addiction are meaningless because they include such a wide variety of activities.¹
- Because true drug addicts are usually either intoxicated or experiencing physical withdrawal, they are unable to make rational decisions concerning their lives in general, much less specifically whether to continue or quit drug use. By contrast, smokers are always able to think rationally. As noted by a staff member of the United Kingdom's Office on Population Censuses and Surveys, decisions to quit or continue smoking reflect "a

rational and reasoned choice that smokers make and
periodically renew."2

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1. Smart, R.G., "Addiction, Dependency, Abuse, or Use: Which Are We Studying with Epidemiology?" In: Drug Use, Epidemiological and Sociological Approaches. E. Josephson and E.E. Carroll (eds.). Washington, D.C., Hemisphere Publishing Corporation, Chapter 2, pp. 23-42, 1974.

Warburton, D.M., "Addiction, Dependence and Habitual Substance Use," Bulletin of The British Psychological Society 38: 285-288, 1985.

2. Marsh, A., "Smoking: Habit or Choice?" Population Trends 37: 14-20 (at 18), 1984.

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CLAIM: Cigarette smoking is an addiction to nicotine similar to heroin and cocaine addiction.

RESPONSE:

- This claim was made by the 1988 U.S. Surgeon General's Report.¹ Although it received considerable press attention, it has been strongly criticized by scientists and clinicians from a number of countries.
- In the United Kingdom, Dr. David Warburton, of Reading University, noted that the U.S. Surgeon General ignored the discrepancies between cigarette smoking and addictive drug use. After a detailed review of the Surgeon General's position, he suggested that the addiction claim was politically motivated.²
- Professor Albert Hirsch, of the University of Paris, strongly disagreed with the U.S. Surgeon General's Report. He noted that tobacco "cannot be compared to drugs, especially hard drugs like heroin or other narcotics." He characterized such comparisons as an attempt "to fight an evil with misstatements or distortions of the truth."³

-- Strong criticisms have been raised in U.S. Congressional testimony concerning the Surgeon General's addiction claim. A noted clinical psychologist described the nicotine addiction claim as "misleading and potentially harmful."⁴ A psychiatric expert testified that the Surgeon General's Report was "narrow and one-sided." Its conclusion was "inevitable," according to this witness, because it "does not contain a psychiatric, psychological or sociological perspective."⁵

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REFERENCES

1. U.S. Department of Health and Human Services, The Health Consequences of Smoking: Nicotine Addiction, A Report of the Surgeon General. Publication No. DHHS (CDC) 88-8406, Washington, D.C., U.S. Government Printing Office, 1988.
2. Warburton, D.M., "Is Nicotine Use an Addiction?" The Psychologist 4: 166-170, 1989.
3. Hirsch, A., Interview on French Radio Network, Europe 1, May 18, 1988.
4. Blau, T.H., Statement, Re: "Health Consequences of Smoking: Nicotine Addiction." In: Hearing Before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, United States House of Representatives, One Hundredth Congress, Second Session, 319-332 (at 319), July 29, 1988.
5. Raffle, S.M., Statement, Re: "Health Consequences of Smoking: Nicotine Addiction." In: Hearing Before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, United States House of Representatives, One Hundredth Congress, Second Session, 311-318 (at 314), July 29, 1988.

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CLAIM: Cigarette smokers develop physical dependence on nicotine, as reflected in a withdrawal syndrome which occurs when they try to stop smoking.

RESPONSE:

- Although some people describe unpleasant feelings when they quit smoking, these are very inconsistent, generally not long-lasting and mild. They appear to be quite similar to the sort of psychological feelings people often have when they stop doing any enjoyable activity. Whatever experiences some people have when they quit smoking appear to be "highly idiosyncratic."¹
- Physical dependence is not included as a requirement in some recent definitions of addiction. This, in itself, may reflect a recognition of the inconclusiveness of the literature on physical dependence in smokers. In other words, only by not including physical dependence as part of the definition could smoking be called an addiction. Unfortunately, this also means that no distinction is made between mere habits and true addictions.
- The inability of nicotine gum to provide a substitute for cigarettes also demonstrates that the desire to smoke

cannot stem simply from a physical dependence on nicotine. If people smoke because of a physical need for nicotine, then nicotine gum should satisfy the desire for a cigarette. In fact, the gum should make quitting smoking a simple matter of switching from cigarettes to the gum. Yet, even researchers who believe smoking is an addiction to nicotine report that nicotine gum does not have these effects.²

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1. Murray, A.L. and Lawrence, P.S., "Sequelae to Smoking Cessation: A Review," Clinical Psychology Review 4(2): 143-157 (at 143), 1984.
2. Hughes, J.R., Hatsukami, D.K., Pickens, R.W., Krahm, D., Malin, S. and Luknic, A., "Effect of Nicotine on the Tobacco Withdrawal Syndrome," Psychopharmacology 83 (1): 82-87, 1984.

Hughes, J.R. and Hatsukami, D., "Short-Term Effects of Nicotine Gum." In: Pharmacological Adjuncts in Smoking Cessation. J. Grabowski and S.M. Hall (eds.). National Institute on Drug Abuse Research Monograph 53, Publication No. DHHS (ADM) 85-1333, Washington, D.C., U.S. Government Printing Office, 68-82, 1985.

Hughes, J.R., Gust, S.W., Keenan, R.M., Fenwick, J.W. and Healey, M.L., "Nicotine Vs Placebo Gum in General Medical Practice," Journal of the American Medical Association 261(9): 1300-1305, 1989.

CLAIM: Cigarette smokers develop tolerance to nicotine and smoking.

RESPONSE:

- Most smokers develop a fairly level habit. For example, it has been observed that smokers "rapidly arrive at their preferred number of cigarettes per day and this number remains stable for years."¹ This is in contrast to heroin and cocaine addicts, who continue to increase their levels of drug intake.

- Smokers take a while for the habit to become established. In this sense, "tolerance" is characteristic of many behaviors. That is, the development of any habit can be expected to have an initial period during which its frequency increases. It has been observed, for example, that drug addictions are not "uniquely characterized" by tolerance, which is "in fact a very general feature of the family of habits."²

REFERENCES

1. Warburton, D.M., "Is Nicotine Use an Addiction?" The Psychologist 4: 166-170 (at 168), 1989.
2. Ashton, H. and Stepney, R., "The Development of Smoking Behaviour." In: Smoking: Psychology and Pharmacology. H. Ashton and R. Stepney (eds.). New York, Tavistock Publications, Chapter 3, 42-65 (at 49), 1982.

CLAIM: Most cigarette smokers want to quit, but are unable to do so because of their addiction.

RESPONSE:

- Reports of smokers' desires to quit smoking may be misleading. Some smokers may say they want to quit simply to please someone else, such as their spouse or employer. Yet, they may enjoy smoking and have no true motivation to stop. Accordingly, what smokers say about their desire and attempts to give up smoking should be viewed with a certain amount of skepticism.¹

- Claims that quitting smoking is a nearly impossible task, at which only a few succeed, are not supported by the facts. After all, even the 1988 United States Surgeon General's Report noted that over 41 million people in that country have quit smoking -- 90 percent of them on their own.² In 1989, the Surgeon General made this point even more dramatically, noting that: "Nearly half of all living adults who ever smoked have quit."³

REFERENCES

1. Kozlowski, L.T., Herman, C.P. and Frecker, R.C., "What Researchers Make of What Cigarette Smokers Say: Filtering Smokers' Hot Air," The Lancet I(8170): 699-700, 1980.
2. U.S. Department of Health and Human Services, The Health Consequences of Smoking: Nicotine Addiction, A Report of the Surgeon General. Publication No. DHHS (CDC) 88-8406, Washington, D.C., U.S. Government Printing Office, at 466, 1988.
3. U.S. Department of Health and Human Services, Reducing the Health Consequences of Smoking: 25 Years of Progress, A Report of the Surgeon General. Publication No. DHHS (CDC) 89-8411, Washington, D.C., U.S. Government Printing Office, at 11, 1989.

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CLAIM: Smoking is a "gateway" to the use of hard drugs.

RESPONSE:

- Even studies claiming an association between smoking and hard drug use report that the relationship, if any, is quite small and of dubious predictive value.¹

- Any reported chronological order between smoking and illicit drug use cannot be considered to mean a cause-and-effect relationship. After all, even if a hard drug user first smoked cigarettes, he also undoubtedly first did a large variety of other things, such as drink milk or soft drinks, eat ice cream, ride a bicycle and so on. The point should be obvious: Just because one activity chronologically precedes another does not mean that the activities are causally related.

REFERENCES

1. O'Donnell, J.A., "Cigarette Smoking as Precursor of Illicit Drug Use." In: Cigarette Smoking as a Dependence Process. N.A. Krasnegor (ed.). National Institute on Drug Abuse Research Monograph 23, Publication No. DHEW (ADM) 79-800, Washington, D.C., U.S. Government Printing Office, Chapter 4, 30-43, 1979.

Dull, R.T. and Williams, F.P., "Marihuana, Alcohol and Tobacco: Reassessment of a Presumed Relationship," Journal of Drug Education 11(2): 129-139, 1981.

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CLAIM: Cigarette smoking is recognized as an addiction by the American Psychiatric Association.

RESPONSE:

- Recent American Psychiatric Association (APA) diagnostic manuals (known as DSM-III¹ and DSM-III-R²) have included diagnoses for "dependence" and "withdrawal" in smokers. However, their inclusion may have been influenced by a variety of social and political considerations.³ There may also have been a financial influence because the manuals are used as a basis for insurance reimbursement.
- DSM-III's criteria for "tobacco dependence" are arguably largely meaningless because they can be used to classify almost any smoker as "tobacco dependent." In one survey of the U.S. general population, 90 percent of the smokers were reported to fulfill the DSM-III criteria for "tobacco dependence." Based on these results, the government-supported researchers suggested that the DSM-III criteria for "tobacco dependence" are "overinclusive."⁴
- The APA's inclusion of a smoking-related "withdrawal" diagnosis does not establish that physical dependence occurs in smokers. DSM-III-R states, for example, that

any so-called "withdrawal" could simply reflect frustration due to giving up a pleasurable habit, or the "loss of a reinforcer."⁵

- The dubious significance of the diagnosis of "nicotine withdrawal" is perhaps most strikingly clear in DSM-III-R's own admission that no one knows whether this diagnosis has anything to do with quitting smoking. It states: "Whether severe Nicotine Withdrawal decreases the ability to stop smoking or remain abstinent from smoking is unknown."⁶

REFERENCES

1. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, (3rd ed.), Washington, D.C., American Psychiatric Association, 1980.
2. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, (3rd ed. - rev.), Washington, D.C., American Psychiatric Association, 1987.
3. McReynolds, W.T., "DSM-III and the Future of Applied Social Science," Professional Psychology 10(1): 123-132, 1979.
4. Hughes, J.R., Gust, S.W. and Pechacek, T.F., "Prevalence of Tobacco Dependence and Withdrawal," American Journal of Psychiatry 142(2): 205-208 (at 205), 1987.
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6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, (3rd ed. - rev.), Washington, D.C., American Psychiatric Association, at 151, 1987.